REVIEW OF THE INTERDEPARTMENTAL ASTHMA STRATEGIC PLAN

REPORT OF PLANNING RETREAT

February 7, 2006

I. INTRODUCTION

In January of 2002, a New Jersey State Interdepartmental Asthma Committee (IAC) was convened to review the role and current activities of the many disparate departments and divisions within the State that provide services, planning, prevention and care for people with asthma. Participants included representatives from departments and agencies in the State with active asthma programs, as well as federal partners. A complete report was provided at that time, which included a consensus on a mission statement, goals and objectives and a timeline for moving the agenda forward.[i]

In the years since the report was completed, a robust program of asthma prevention, assessment and intervention has been a high priority. The New Jersey Department of Health and Senior Services (NJDHSS) hosted a Commissioners First Annual Asthma Summit in September of 2005, and a comprehensive "*Asthma in New Jersey Update 2005* was prepared and presented by the NJDHSS.[ii]

The 2005 *Update of Asthma in New Jersey* confirmed the serious nature of the health challenges presented by asthma in the State. Asthma has a disproportionate impact on women, minorities and the poor, and while mortality from the disease is low, the number of days lost to education, work and recreation is staggering. The report documents that about 12% of New Jersey children and 11% of adults have been told at some time that they have asthma. The rate of asthma is higher among people with lower income and in those counties with a concentration of both minorities and poor residents. Black, non-Hispanic men have the highest rate of asthma.[iii]

Both the 2002 Interdepartmental Committee Report and the 2005 Update of Asthma in New Jersey provide a comprehensive view of the status of asthma in the state that will not be recounted in this report. The focus of the 2006 Interdepartmental Asthma Retreat was to revisit the mission, goals and objectives of the existing strategic plan and assess their continued relevance, status of completion and to identify the need for new initiatives.

II. NEW and/or CONTINUING CHALLENGES IN COMPREHENSIVE ASTHMA PREVENTION AND INTERVENTION IN NEW JERSEY

Although many of the components of the existing comprehensive strategic plan have been implemented, a number of significant challenges remain:

- ***Disparities in prevalence and care***
    - Minorities, those with low socioeconomic status and the uninsured/underinsured continue to experience a disproportionate incidence of asthma and need for emergency treatment and hospitalization.
    - Middle income families often suffer from lack of resources, inability to qualify for low-income services and uninsured or underinsured status.
    - The lack of a primary care physician often leads to fragmented care and non-compliance with standard treatment protocols.

- ***The limitations of the Asthma Action Plan system***
    - A more active role and participation by physicians is needed.
    - Parents may lack a full understanding of the importance and requirements of the plan.
    - The plans are not often sustainable by families due to lack of resources, inadequate understanding of consequences and other factors.

- ***Adult non-compliance is high***
    - Adults often do not understand the consequences of non-compliance and may fail to follow recommendations and treatment protocols.
    - Once initial symptoms ease, patients often feel continued maintenance of treatment protocols in unwarranted.

- ***Training of physicians and healthcare providers in the detection and diagnosis of asthma remains insufficient***
    - Asthma symptoms are often missed or misdiagnosed.
    - Current advances in asthma treatment are not disseminated effectively to healthcare providers and may not reach patients.
    - The consequent increase in Emergency Department use is testimony to the lack of effective management of the disease in the community.

- ***Current third-party payment systems create a disincentive to refer patients for more sophisticated asthma support***
    - Referrals for asthma diagnostic tests, supportive care and new treatment protocols may be discouraged.
    - Patients often remain without sufficient support to ameliorate their diagnoses (if they are diagnosed at all).

- ***Asthma in children creates special challenges***

    - Often untrained child care providers are managing care for children with asthma and may not have the knowledge or ability to provide appropriate ongoing support or deal with medical emergencies.
    - Due to pending legislation, the number of school nurses has diminished with one school nurse often required to cover many schools. This limits their ability to monitor and provide teaching/support for children with asthma.
    - Pre-school and after-school programs lack sufficient trained personnel to support the child with asthma. Most after-school programs do not have a nurse present.
    - There are no regulations that enable school nurses to train care-givers whom parents have designated.

- ***Many of the Healthy New Jersey 2010 goals relative to asthma have not been met***
    - The role of prevention and education has not been sufficiently highlighted.
    - The benefits of breast feeding and avoidance of smoking and second-hand smoke are not clearly understood.

- ***Access to comprehensive, timely and focused data continues to be limited***
    - Access to emergency department information is needed to assist in developing a complete picture of the needs of asthma patients.
    - Information on the scope of management of asthma is lacking, including: the number of, and compliance with, Asthma Action Plans; the use of medication; asthma-related absenteeism in schools; and the efficacy of treatment protocols in the community.

- ***Work-related asthma continues to be poorly understood and underreported.***
    - Reporting of asthma in the workplace is often overlooked, despite legislation and regulation requiring such reporting.

- ***Asthma advances, risk factors and consequences are not accurately reported in the media exacerbating the misperceptions and minimizing the need for action among consumers.***
    - Consumers need more accurate and timely information about the presence of asthma triggers in the environment for both themselves and their children

- ***The fear of litigation among caregivers may impact on the response to asthma and may limit appropriate action.***

- ***Communication among the New Jersey State departments and divisions relative to asthma has improved during the last four years, but action is necessary to ensure more effective coordination of services, data and planning.***

- ***The use of web-sites, list-serve opportunities and other mechanisms for ongoing communication should be explored and implemented.***

III. STRATEGIC PLAN UPDATE

The Interdepartmental Asthma Committee (IAC) met on February 7, 2006 to review and assess the relevance and appropriateness of the initial Strategic Plan. Participants at the meeting are listed in Appendix I.

All of the goals, objectives, strategies and action steps were assessed for status, continued relevance and urgency. In many instances, progress is ongoing and the action steps were designated to be continued. The mission statement was revalidated.

MISSION STATEMENT:

"To improve the health of people living and/or working in New Jersey by effective prevention, identification and management of asthma, through a coordinated partnership among public and private organizations"

:

GOAL I. PROMOTE AND SUPPORT STATEWIDE COLLABORATION AMONG PUBLIC AND PRIVATE ORGANIZATIONS TO ADDRESS ALL ASPECTS OF ASTHMA IN NEW JERSEY

Objective Continue to identify all essential elements of a comprehensive asthma plan and develop a responsive and coordinated infrastructure sufficient to promote the mission and goals.

STRATEGIES:

A. The Division of Family Health Services (DFHS) will continue to update annually an inventory of all current elements of the State infrastructure related to asthma.

B. Members of the Interdepartmental Asthma Committee will continue to provide staff and full support to the Pediatric and Adult Asthma Coalition (PACNJ) in their expansion to a comprehensive life-span approach to asthma prevention and management.

C. Annually, the DHSS will apply to the Centers for Disease Control and Prevention (CDC) for continuation of support for asthma surveillance, implementation activities and the statewide coalition through the "Addressing Asthma from a Public Health Perspective" implementation grant.

D. The State will continue to support PACNJ leadership efforts to develop new regional or local projects as necessary to fill perceived gaps.

E. Additional stakeholders at the State and local level will be identified for participation in developing and implementing the Asthma Strategic Plan.

F. The IAC, coordinated by the Division of Family Health Services, will meet twice each year to review the timeline and update the strategic plan.

G. Collaborative efforts by partners will be assessed using the "Wilder Collaboration Factors Inventory" or other collaborative assessment tool.

H. Following the second meeting of each year, an annual update will be disseminated that includes the current challenges, new programs and essential information to all relevant agencies.

I. A "point of contact" person from the Division of Family Health Services shall be designated to provide a means of rapid electronic dissemination of new information and coordination of asthma related activities. All members of the Interdepartmental Asthma Committee as well as other agencies may provide information for distribution to the list of interested professionals.

GOAL II. PROMOTE THE TIMELY IDENTIFICATION OF SYMPTOMS, DIAGNOSIS, AND EFFECTIVE SCIENCE-BASED MANAGEMENT OF ASTHMA THROUGH COLLABORATIVE PROFESSIONAL AND PUBLIC EDUCATION

Objective 1. Continue to educate healthcare professionals about the most current National Heart, Lung, Blood Institute (NHLBI) *Guidelines* for the diagnosis of asthma. Include HMOs and their networks, as well as others responsible for the delivery of health services.

STRATEGIES:

A. Build on the model of the First Annual Asthma Summit and provide a yearly educational and outreach conference.

B. Provide support to the American Lung Association of New Jersey (ALANJ) for the distribution of the "Stepwise Approach to Asthma and Diagnostic Guidelines" developed by the PACNJ to healthcare and

social service providers, other professionals, Federally Qualified Health Centers, members of the New Jersey Interdepartmental Asthma Committee, Medical directors, and at conferences and other appropriate venues.

C. *Utilize the Asthma Summit and Asthma Collaborative to assure widespread distribution of the guidelines.*
D. *The DHSS Asthma web site will be revised to facilitate easy access and distribution of information. The web site will include the names and contact information for members of the Interdepartmental Asthma Committee.*
E. *The DHSS Asthma web site will provide a link to the web sites of the: PACNJ, NHLBI, Department of Environmental Protection (DEP) air Monitoring, Air Toxics and others as appropriate, to facilitate access to information*

Objective 2. By August of each year disseminate information to school nurses, teachers, and childcare providers, both direct caregivers and management, to assist them in becoming more aware of symptoms that may be suggestive of asthma and the appropriate management of the disease.

STRATEGIES:

A. *DHSS and the Department of Education (DOE) will continue to collaborate with the PACNJ in providing training on asthma management in the school setting to school nurses and other school staff through the County School Nurses associations.*
B. *The DHSS and the Department of Human Services (DHS) will continue to collaborate with the New Jersey Chapter of the American Academy of Pediatrics and PACNJ in providing training on management of children with asthma to child care providers through the Healthy Child Care New Jersey project. The Office of Licensing will be included in discussions about training and coordination.*
C. *The training of all Child Care Health Consultant Coordinators employed by the Child Care Resource and Referral Agencies will be reviewed by DHSS and DHS, under the leadership of DHSS, to ensure a team capable of providing consultation and education on asthma management to child care providers statewide.*

    a. *The New Jersey Interdepartmental Asthma Committee will provide ongoing support for the Childcare Task Force of the PACNJ.*
    b. *Efforts will be initiated to ensure that licensing Standards and regulations relative to permissible activities by childcare providers be developed that mandate that the Asthma Action Plan be required for licensed child care centers, consistent with the Universal Health Care Record.*

c. As part of the EPA Tools for Schools project, the DHSS Consumer and Environmental Health Services (CEHS) Program will continue to provide educational opportunities for principals, schools nurses, facilities managers, school administrators, school board members and employee representatives. Educational opportunities will include written materials, speaking engagements, and attendance at association meetings and conventions. Training will be provided by a member of the DHSS staff.

d. The DHS Division of Family Development will participate in the development of a specific strategy to incorporate preschool children in outreach and education for childcare staff members.

e. Development of Special Child Health Services Case Management strategies will be a priority.

Objective 3. By August 2008, expand the broad access to information about effective asthma care for professionals, parents and the public by providing education about symptoms, appropriate resources for the diagnosis of asthma and available referral systems through multimedia efforts.

STRATEGIES:

A. DHSS, and other State agencies, as appropriate, will continue to provide basic information on asthma on their web sites, with links to other sources of comprehensive asthma information, including the PACNJ website. (See Objective 1, Strategies D and E above)

B. DFHS will provide additional training to Special Child Health Services Case Managers and highlight their role in asthma management.

C. In conjunction with PACNJ, the IAC will oversee and maintain a library of "virtual resources" of educational literature, Internet web sites, governmental and private resources and other materials to be available to individuals and organizations.

D. Support will be provided for the distribution by PACNJ of an "Information Packet" available to the public through a telephone or email request.

E. The annual PACNJ multi-media campaigns will continue to be supported.

Objective 4. By August 2008, implement a plan to educate physicians, health care providers, employers, and HMO plans about reporting regulations (occupational exposures) and the guidelines for prevention, diagnosis and management of occupational asthma.

STRATEGIES:

A. Implement annual updates to expand the current Occupational Health Services (OHS) mailing list of New Jersey physicians, health care providers, stakeholders and other interested parties to ensure wide distribution of relevant asthma related information.
B. Beginning in mid-2006, OHS will disseminate information about New Jersey reporting regulations for occupational diseases including work related asthma.
C. Continue to publish ongoing research on asthma and environmental triggers identified by DEP.
D. Collaborate with the Environmental and Occupational Health Services Institute of the University of Medicine and Dentistry of New Jersey (UMDNJ) to develop outreach efforts to improve the recognition, diagnosis, medical surveillance, and reporting of occupational asthma by New Jersey physicians and health care providers.

Objective 5. DHSS and DHS will support the PACNJ in encouraging all public and private health care plans, including managed care, to provide a comprehensive disease management program for enrollees with asthma including but not limited to an asthma action plan.

STRATEGIES:

A. Collaborate with the PACNJ to promote the use of the Asthma Action Plan by all relevant organizations and healthcare providers.
B. Encourage the Physicians/ Insurance Task Force of the PACNJ, to develop recommendations for insurance coverage for asthma, and promote the agreement by health care plans to adopt these recommendations
C. The DHS will adopt contract language requiring HMOs that cover persons enrolled in Medicaid to provide asthma services consistent with the recommendations for insurance coverage.
D. Continue to assure that DHSS uses HEDIS standards to evaluate the quality of asthma care provided by licensed HMOs and distribute the outcome of the analysis to the public through the annual HMO report card.
E. Monitor progress revealed in the HMO report card and develop strategies for continued improvement.

Objective 6. As a long term goal, ensure access to comprehensive quality care, within the context of a "medical home model," including the active participation of a primary physician or health professional who ensures appropriate referrals and monitors outcomes. (It is assumed that care will be improved if patients have direct access to one physician who accepts responsibility for their care and practices in a system organized to provide appropriate support.)

STRATEGIES:

A. Encourage the "medical home" model to ensure that appropriate and consistent orders are provided and implemented by all parties relevant to delivering care to all students from birth to age 18 with asthma.
B. Promote the use of Community Health Workers to enhance and support the care of children with asthma.

GOAL III. DEVELOP AND MAINTAIN A SYSTEM FOR MEASURING THE RELEVANT ELEMENTS OF ASTHMA IN THE STATE

Objective 1. By August 2008, identify and gain consensus on additional parameters for the measurement of the status of asthma in the State, which might include, but not be limited to: relevant outcomes for asthma, air quality, school attendance, workplace and environmental exposures and others.

STRATEGIES:

A. Acknowledging the difficulties presented, encourage and assist PACNJ to seek mechanisms to acquire data regarding school absenteeism and the number of children with an Asthma Action Plan.
B. Identify relevant outcomes for asthma prevention, detection and treatment and appropriate data points to measure the outcomes.
C. Assess the current list of all available sources of data and identify additional relevant data sources and the extent to which they are accessible.
D. Identify parameters feasible for short term surveillance and those requiring a long term plan.
E. Continue to participate in an on-going peer review process to list agents known to cause asthma in the workplace.
F. Implement an expanded mechanism for the addition of newly identified asthma-causing agents to the list.

Objective 2. By May 2007, develop data sources and methods of analysis to expand surveillance capacity.

STRATEGIES:

A. Identify gaps in surveillance data and add questions relative to asthma to the New Jersey Behavioral Risk Factor Survey (BRFS) questionnaire.
B. Continue to coordinate actions with Health Care Systems Analysis to obtain, analyze and report on New Jersey emergency department admissions.
C. Promote an evaluation by the Consumer and Environmental Health Services (CEHS) of the impact of exposure and examine the relationship to hazardous air pollutants on asthma hospitalization rates in four New Jersey locations.
D. Encourage PACNJ to obtain Asthma Action Plan data through a survey of school nurses.
E. Continue to expand Medicaid data reporting efforts.
F. Implement GIS tracking to identify asthma hospital discharge "red zones."

Objective 3. Provide ongoing review and analysis of the relevant asthma data and promote public awareness of relevant information.

STRATEGIES:

A. Provide links from the NJDHSS Asthma web site to the DEP website and promote use of the air quality index on a daily basis.
B. Disseminate an electronic annual report concerning asthma surveillance and at least one fact sheet prepared by the Division of Family Health Services.
C. Participate in annual meetings of asthma surveillance experts.

Objective 4. Promote the development and distribution of regular reports to the citizens of the State which outline the status of the State-wide efforts to reduce and control asthma.

STRATEGIES:

A. Continue to provide timely data for asthma surveillance through the Center for Health Statistics.

B. Present annual statistics on the demographic and health-related characteristics of persons with asthma, as derived from the New Jersey BRFS through the Center for Health Statistics.
C. Form a sub-committee to develop a process/mechanism to evaluate the quality and quantity of data.
D. Issue a DHSS-developed annual Report on Asthma in New Jersey.
E. Maintain the web site committee to manage and provide ongoing updates for the asthma web site.
F. Provide technical support and access to data resources on request.

GOAL IV. PREVENT THE ONSET OF ASTHMA, TO THE EXTENT POSSIBLE, THROUGH THE IDENTIFICATION AND REDUCTION OF CONTAMINANTS WHICH MAY CAUSE THE DISEASE

Objective 1. Continue to identify long term goals for the reduction of levels of outdoor, indoor, workplace and school ambient air pollutants and environmental triggers that will impact on both the incidence of asthma and factors that may aggravate existing asthma conditions.

Objective 2. Identify appropriate asthma prevention outcomes and systems to measure their attainment including such parameters as: Emergency Department admissions, patient disparities, hospital admissions, mortality and morbidity, among others.

OUTDOOR STRATEGIES:

A. DEP will continue to develop implementation plans for reduction of Outdoor triggers.
B. Existing strategies of the DEP to reduce outdoor triggers will be supported, including but are not limited to:
a. Ongoing monitoring of air pollution;
b. Reduction of emissions from mobile sources: low emission vehicles; Stage II vapor recovery; reformulated gasoline; standards for diesel, small gasoline, marine, and locomotive engines; anti-idling regulations.
c. Reduction of emissions from stationary sources: Reasonably Available Control Techniques (RACT) for marine vessel ballasting and loading of gasoline, architectural surface coating, solvents, landfills and auto refinishing; facility-wide risk assessment.

d. Dissemination of information about the successful completion of the Camden Waterfront South Air Toxics Project: an EPA funded project that was implemented by the Bureau of Air Quality and Evaluation to assess the risk from air toxics in the Camden Waterfront South area of Camden County. ((The final phase of the project recommended reduction strategies and served as a model to implement community wide risk assessments in other parts of the state.)

e. *Support the Urban Community Air Toxics Monitoring Project, Paterson City, New Jersey (UCAMPP). This project grew from the Camden Waterfront South Air Toxics Pilot Project. UCAMPP is an USEPA funded project that has a number of goals including to:*

1) *characterize the spatial resolution of local air toxics;*
2) *determine concentration gradients;*
3) *identify source signatures from various land use(s);*
4) *evaluate modeling results using monitoring data;*
5) *field test new sampling and analyses techniques for air toxics that are currently difficult to quantify;*
6) *characterize the concerns of an Environmental Justice (EJ) community;*
7) *provide information and develop tools so that the New Jersey Department of Environmental Protection (NJ DEP) and the local community can better address exposure and risk issues related to air toxics; and identify risk reduction strategies. This study serves as a pilot project and provides valuable information that can be applied to other communities around the state and the nation.*

f. Disseminate the outcomes of the Asthma Outreach and Education Initiative in Camden Waterfront South, a USEPA funded project that is providing outreach and education to child care providers serving households in the Camden Waterfront and surrounding areas with asthmatic children relative to eliminating, reducing and/or avoiding indoor asthma triggers. This program is a partnership among the NJDEP, Camden Area Health Education Center and Rutgers University

e. Continue to use National Air Toxics Assessment (NATA) study to target facilities in the state.

C. Continue to implement strategies to reduce outdoor triggers, including but not limited to:

a. Increase ambient air monitoring;

b. Reduce emissions from mobile sources: cleaner running vehicles; reduced vehicle miles traveled; reduced emission from refueling; diesel retrofit programs;

increased restrictions on idling and queuing; mobile fleet fuel changes.

c. Reduce emissions from stationary sources: increased compliance and enforcement, boiler tune-ups, addition of hazardous air pollutants to emission statements, pesticide non-active ingredients reporting, energy conservation programs, increased facility-wide risk assessments (with risk reduction follow-up), particulate limits for utility/industrial/commercial boilers, increase general permits.

*D. Publicize and promote the use of the NJDEP web site (*http://www.state.nj.us.dep/airmon*), which provides daily and anticipated air quality information, especially for those at risk for respiratory distress.*

WORKPLACE STRATEGIES

A. Maintain CDC funded surveillance and intervention activity for work-related asthma through 2009
B. Conduct onsite industrial hygiene evaluations at workplaces identified through surveillance activities
C. Based on surveillance data, develop and implement industry- wide hazard surveillance projects aimed at evaluating occupational exposures to selected asthma causing agents and assessing control measure to reduce exposures.
D. Educate employers and employees about asthma agents, triggers and control mechanisms, as well as identification of symptoms that require referral for diagnosis. Present case studies on patient identification.
E. Disseminate an educational bulletin with work- related asthma case histories to educate and encourage physicians to take work histories and report suspected cases of work- related asthma.
F. Implement a plan to educate physicians, health care providers, and HMO plans about taking work histories.
G. Distribute reports of work site industrial hygiene evaluations to respective reporting physicians and health care providers.
H. Disseminate literature on asthma causing agents to individuals who have been reported to the Occupational Asthma Registry, identified industries and other users of asthma causing agents.
I. Develop a plan to keep employees informed of work-place asthma triggers and progress in reducing these in their own environment.
J. Prepare literature in Spanish as well as other appropriate languages and literacy levels.

INDOOR STRATEGIES

A. Inventory current strategies available for control of indoor asthma triggers and consider alternatives that include all settings: home, non-residential, recreation and consumer sites.
B. Continue to coordinate with the CHES asthma-related activities, to distribute educational, outreach materials, and provide consultation and technical assistance. Identify inadequately served and populations at risk with a focus on providing necessary outreach services.
C. Support the CEHS efforts in securing federal funding to provide for local health department and/or community-based organizations to address indoor environmental contaminants through the promotion of the federal Healthy Home Model. Support pilot workshops coordinated by the CEHS in cooperation with Rutgers University Cooperative Extension and provided to local health departments on indoor environmental health issues.

SCHOOL STRATEGIES

A. Assure that the DHSS CHES, consistent with the EPA Tools for Schools program, continues to review literature, attend conferences and maintain contact with professionals in the indoor air quality field. Provide new information to the Contact Person to the Interdepartmental Asthma Committee for distribution.
B. Support the Department of Education efforts to continue to provide resource information to school nurses and professional staff regarding asthma and its triggers that may be present in the school setting.
C. Promote the use of the updated video produced and disseminated for satellite presentation to county school nurse associations who provide ongoing education for school nurses, as well as videos for the education of the professional staff.
D. Disseminate information about construction and renovation of schools to assure use of materials that can prevent asthma triggers.
E. Promote the use of the Asthma Friendly School Award.

Objective 2. Expand the effort to identify the new information on prevention strategies that may be appropriate for adoption in the State.

STRATEGIES:

A. Review results of research regarding model intervention programs, including the incorporation of the "Asthma Friendly School Award."

B. Promote attendance at appropriate state and national conferences and training programs. Disseminate information through the established Contact Person system.
C. Develop an "Asthma Friendly Childcare Award" and train Childcare Directors on asthma management.

Objective 3. Develop and/or disseminate appropriate educational materials, training guides and other tools to ensure the adherence to best practices for pollution reduction. Implement distribution plan for AAP.

STRATEGIES:

A. Support the ongoing CHES applications for federal funds to provide training for local health department and or/community-based organizations to address indoor environmental contaminants.
B. Promote the distribution of "Top Ten Actions to Control Asthma Triggers in your Home," developed by the PACNJ.
C. Distribute DOE/PACNJ videos and updates for the education of school nurses and professional staff.

GOAL V. REDUCE THE DISPARITY OF ASTHMA INCIDENCE AND MORBIDITY/MORTALITY AMONG SPECIFIC SOCIOECONOMIC, RACIAL AND ETHNIC POPULATIONS

Objective 1. By 2007, develop and implement an action plan in conjunction with Agency for Healthcare Research and Quality to reduce disparities among both pediatric and adult populations in the state.

STRATEGIES:

A. Create and disseminate an annual Asthma Surveillance Report that highlights specific populations that are at increased risk for asthma and asthma related outcomes.
B. Expand and disseminate the special considerations that must be incorporated in working the disparate cultural and ethnic groups.
C. Continue to analyze the SENSOR Asthma registry data quarterly to determine specific populations at risk of developing work related asthma.
D. Continue to analyze mortality and hospitalization data and other data as it becomes available, to identify and document disproportionate rates of asthma in racial and ethnic populations and geographic areas.

E. Continue to promote the development of DEP and DHSS Geographic Information Systems to identify communities at risk.
F. Promote participation in the Asthma Collaborative Project
G. Include the Federally Qualified Health Centers in planning and implementation of programs to reduce disparities in asthma diagnosis, prevention and management.

Objective 2. Develop and disseminate culturally and linguistically appropriate educational materials for specific ethnic and cultural groups, in collaboration with relevant stakeholders, including the PACNJ.

STRATEGIES:

A. Continue to promote the distribution of Asthma Action Plans in Spanish and other languages as appropriate.
B. Support the dissemination of a video on asthma produced by the American Lung Association for the primarily Hispanic community. Work with Community Based Organizations (CBO) to develop a plan to disseminate AAP and asthma material.
C. Explore the expansion of the Spanish Asthma Action Plan and ensure the ability of Hispanic families to obtain and understand the Asthma Action Plan.
D. Identify concrete needs that will assist individuals in obtaining necessary asthma services, including, but not limited to: transportation, translation, expanded healthcare service hours, increased availability of pediatric specialists, child care for doctor or hospital visits and other services.

Objective 3. Expand professional and public education programs to increase awareness of the needs of populations disproportionately affected by asthma.

STRATEGIES:

A. Collaborate with the Office of Minority and Multicultural Health (OMMH) networks to increase awareness of special needs and to disseminate health disparity information, including electronic and print media, to the OMMH Advisory Commission, community partners, and other interested stakeholders.

Objective 4. Promote the inclusion of representatives from populations disproportionately affected by asthma in existing or new coalitions

STRATEGIES:

A. The Interdepartmental Asthma Committee will encourage the OMMH Advisory Commission to include asthma in their efforts to strengthen links with communities at risk.
B. The IAC will continue to encourage participation of the OMMH in PACNJ.
C. Technical assistance will be sought from the OMMH to identify models of intervention and effective tools for outreach to disparate cultural and ethnic populations. Links to community based minority organizations will be sought to facilitate participation in asthma related education and outreach. OMMH community mobilization grantees will be encouraged to participate in asthma outreach efforts.

Objective 5. Identify and implement opportunities to promote research specifically in ameliorating the disparate asthma experience among special populations.

STRATEGIES:

A. Identify federal funding opportunities to expand research in asthma-related disparities.
B. Collaborate with the OMMH to obtain research grants specifically addressing asthma disparities.

GOAL VI. ENCOURAGE AND SUPPORT RELEVANT AND TIMELY ASTHMA RESEARCH

Objective Promote and support collaboration between State agencies and universities, professional organizations and other individuals in the State to encourage asthma related research through data sharing and technical assistance as appropriate.

STRATEGIES:

A. Continue to identify relevant asthma research being conducted in New Jersey.

B. Support ongoing efforts including:
  a. The NJDEP research on levels of criteria pollutants and their interactions and effects on asthma incidence;
  b. Providing NJDEP data and expertise to the NJDHSS.
  c. Promote the NJDEP web site at http://www.state.nj.us/dep/airmon/airttoxics/) which provides information on air toxics and links to other web sites or pages, such as information on asthma.

C. The Interdepartmental Asthma Planning Committee will facilitate collaboration among State agencies in obtaining research grants and conducting research related to asthma.

III. SUMMARY

The Interdepartmental Asthma Committee has outlined an ambitious and robust response to the compelling concerns generated by the increasing threat of asthma in New Jersey. Considerable innovation, action and ongoing monitoring will be required to assure the accomplishment of the plan. The collaboration of the many departments and divisions participating in the Strategic Plan will assure the success of the coordinated and comprehensive approach.

---

[i] Interdepartmental Asthma Committee Report: Report of the Strategic Planning Retreat, January 15, 2002
[ii] http://www.state.nj.us/health/fhs/asthma/documents/asthma_update2005.pdf
[iii] ibid

Edited by: Denyse L. Adler, MA
The Adler Group